REMARKS

Claims 1-4, 6, 9, 11, 12, 14-17 and 19-21 are amended to more clearly define the invention.

Support for the amendments is found in the existing claims and in the Application in connection with Figures 1 and 2 and other places. In particular support for "automatically self-correcting for change to charges" involving "determining a change in records" "updating the created record grouping charges" and "monitoring payments received for provision of services to patients by comparing the updated expected reimbursable amount in the created record with an amount identified in a received payment remittance" is found in the Application on page 13 line 22 to page 14 line 12. Additional support is found in following material on page 14 line 13 to page 16 line 20 and other places, page 4 line 30 to page 5 line 9, Figure 2 and other places.

Applicant believes there are 21 claims in the Application not 22 as indicated in the Rejection. If this is not the case Applicant would be grateful for clarification of this misunderstanding.

I. Rejection under 35 U.S.C. 102(e)

Claims 1-21 are rejected under 35 U.S.C. 102(e) as being anticipated by U.S. Patent Application 2003/0018496 – Hambright et al. These claims, as amended, are considered patentable for the following reasons.

Amended claim 1 recites an "automatically self-correcting billing system for accommodating change to charges associated with provision of healthcare to a patient to support payment monitoring" comprising "an acquisition processor for acquiring data related to charges for at least one encounter of a particular patient with a healthcare provider organization" a "source of rules for use in processing acquired charge data" a "data processor for, using acquired charge related data for creating a record grouping charges for provision of services associated with said at least one encounter and indicating an expected reimbursable amount value for the grouped charges, said charges being grouped using said rules to provide a reimbursable amount value expected from a payer organization, determining a change in records of said at least one encounter indicating a change in clinical service provided to said particular patient by said healthcare provider organization, automatically updating the

created record grouping charges for provision of services associated with said at least one encounter and updating the provided expected reimbursable amount value for the grouped charges in response to said change in clinical service and generating an invoice including said grouped charges" and a "payment monitor for monitoring payments received for provision of services to said particular patient by comparing the updated expected reimbursable amount in the created record with an amount identified in a received payment remittance". These features are not shown or suggested by Hambright.

Although Hambright discusses grouping records of services provided to a patient (in para. 14 and elsewhere), Hambright does not show (or suggest) an "automatically **self-correcting** billing system for accommodating **change** to charges associated with provision of healthcare to a patient to support payment monitoring". Hambright fails to show or suggest "determining a change in records" of an "encounter indicating a change in clinical service provided to said particular patient by said healthcare provider organization" and "automatically updating the created record grouping charges for provision of services associated with said at least one encounter and updating the provided expected reimbursable amount value for the grouped charges in response to said change". Further, Hambright fails to show or suggest the feature combination of claim 1 including a "payment monitor for monitoring payments received for provision of services to said particular patient by comparing the updated expected reimbursable amount in the created record with an amount identified in a received payment remittance".

Hambright in para. 0033 (see also para. 0041) mentions "updating the Health Ins. Co. Reimbursement Allocation 515 with the total contract reimbursement amount comprising the sum of the reimbursement term contract amounts of terms 519 and 527". Hambright also mentions "application 10 calculates an expected reimbursement amount for services (of records 17 and 19) by applying benefit information of the patient policy 507" and "application 10 updates the Health Ins. Co. Reimbursement Allocation 515 with the total expected reimbursement amount due from Health Ins. Co. comprising the sum of the reimbursement term (519 and 527) expected reimbursement amounts" and "application 10 also calculates the corresponding guaranteed expected reimbursement term amounts (of term 521) and the total guaranteed expected reimbursement amount of the Guarantor Reimbursement Allocation 517. These amounts reflect the Guarantor potential liability". Similarly, in para. 0041 Hambright states "Application 10 uses the created reimbursement term information of term 719 in updating the Health Ins. Co. Reimbursement Allocation 715 with the total contract reimbursement amount

comprising the sum of the reimbursement term contract amounts for services of records 17, 19 and 21". In these sections the Hambright system updates a record with a single, first determination of an expected reimbursement amount for services and does NOT accommodate a **change** to an **already calculated** expected reimbursement amount value. However, Hambright neither recognizes the problem associated with dynamic change to service records of a patient related to an encounter (e.g., a hospital visit or stay) nor discloses any method of addressing it. Hambright nowhere contemplates or addresses accommodating "**change** to charges associated with provision of healthcare to a patient".

Hambright fails to show or suggest "determining a change in records" of an "encounter indicating a change in clinical service provided to said particular patient by said healthcare provider organization". Hambright also fails to show or suggest "automatically" "updating the **provided expected reimbursable amount value** for the grouped charges in **response** to said **change**". Further, Hambright fails to show or suggest the feature combination of claim 1 including a "payment monitor for monitoring payments received for provision of services to said particular patient by comparing the **updated expected reimbursable amount** in the created record with an amount identified in a received payment remittance". There is no indication in Hambright whatever that the calculated expected reimbursement amount value is updated in response to a detected change in clinical service records. There is no suggestion in Hambright of "determining a change in records" of an "encounter indicating a change in clinical service provided to said particular patient by said healthcare provider organization".

The claimed arrangement advantageously provides a "system that can group receivables at the level of expected payment from different responsible parties and that can be used to perform billing and collections functions independently of or without the need for a patient account" (Application page 3 lines 19-22). The claimed system and its advantages are nowhere shown or recognized in Hambright. Consequently withdrawal of the Rejection of claim 1 is respectfully requested.

Amended dependent claim 2 is considered to be patentable based on its dependence on claim 1 and because of the additional feature combination it represents. Claim 2 recites "said data processor groups charges expected to be reimbursed by said payer organization in a single payment remittance received by said healthcare provider organization, said charges being grouped based on at least one of, (a) a single individual charge comprises a group, (b) charges are grouped together in a

claim to be submitted to a payer organization and (c) charges are grouped together as an item among a plurality of items in a claim to be submitted to a payer organization and said data processor automatically generates a corrected invoice in response to said change in clinical service". Hambright nowhere shows or suggests such features. In particular, Hambright fails to show or suggest a "data processor" that "automatically generates a **corrected invoice** in **response** to said **change** in clinical service".

Claims 3-11 are considered to be patentable based on their dependence on claim 1 and because of the additional feature combinations they represent.

Independent amended claim 12 is considered to be patentable for the reasons given in connection with claims 1 and 2 and for additional reasons.

Claims 13-16 are considered to be patentable based on their dependence on claim 12 and because of the additional feature combinations they represent.

Independent amended claim 17 is considered to be patentable for the reasons given in connection with claims 1 and 2 and for additional reasons.

Claim 18 is considered to be patentable based on its dependence on claim 17 and because of the additional feature combinations it represents.

Independent amended claim 19, 20 and 21 are considered to be patentable for the reasons given in connection with claims 1 and 2 and for additional reasons. Consequently withdrawal of the Rejection of claims 1-21 is respectfully requested.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

Respectfully submitted,

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